

# **Kansas Association for the Medically Underserved**

## **Clinic Reporting Website**



## **User Manual**

Adopted by the Kansas Department of Health and Environment for use by Primary Care Clinics and Health Centers funded through the Community Based Primary Care Clinic Program

Completion and submission of information on the KAMU Web-Based Data Collection System is required for compliance with State Fiscal Year 2006 Grant Awards.

**Version 1.0 Released December, 2004**

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## General Things to Know about the Reporting Forms

- The new reporting website has been designed with the clinics in mind. To avoiding multiple reporting burdens placed on the clinics, the State of Kansas Primary Care program and KAMU have combined their requirements. Reporting results to this website will fulfill both the State Primary Care and KAMU reporting needs.
- Clinics must report only once a year.
- Data collected by KAMU and KDHE has always been based on the reporting requirements used by federally funded clinics. To better facilitate aggregate data comparisons, forms and definitions have been designed to match Bureau of Primary Health Care (BPHC) Uniform Data System (UDS) reporting requirements as closely as possible.
- Definitions provided in this document match BPHC UDS definitions whenever possible.
- You can only see your own clinic information. Only select KAMU and KDHE Primary Care staff will be able to see your individual clinic information. All clinics are able to see aggregate information. This matches the policy currently in place with the paper forms.

## General Things to Know about the Website

- The web site “times out,” so you must save the information you have entered before you leave your computer for a while.
- Generally, clicking on any buttons other than the Save button (such as “Cancel” or the backward or forward buttons on your browser) will **not** save changes to your form. You must **always** use the Save or Save & Stay button before exiting a form or any changes made will be lost.
- The Save button will take you back to the Main screen. If you want to save your changes and stay on the current screen, select the Save & Stay button.
- On entry forms the Tab key can be used to move from one entry to the next. To move back to an entry press Shift and Tab at the same time.
- A drop down menu is a tool that provides a list of options for selection in a space-efficient way. It looks like a text box with an arrow on the right side. You can click on the arrow and a menu will appear with values that you can select from for that field.
- The forms are different for the years prior to 2002 versus the ones for year 2002 and later. The Charges & Collections form is only active for years prior to 2002.
- Gray cells are “read only”. The program will not save information entered in gray boxes.

## General Definitions

Definitions for **encounters** and **users** are given below. These definitions follow Bureau of Primary Health Care (BPHC) Uniform Data System (UDS) reporting requirements as closely as possible.

**Encounter:** Visits, or encounters, are defined to include a documented, face-to-face contact between a user and a provider who exercises independent judgment in the provision of services to the individual. To be included as an Encounter, services rendered must be documented. Encounters that are provided by contractors, and paid for by the clinic, such as Migrant Voucher encounters or out-patient or in-patient specialty care associated with an at-risk managed care contract, are considered to be Encounters to the extent that they meet all other criteria.

Further explanation of the definitions and criteria for defining and reporting Encounters is given below.

1. To meet the criterion for “independent judgment”, the provider must be acting on his/her own when serving the patient and not assisting another provider. For example, a nurse assisting a physician during a physical examination by taking vital signs, taking a history or drawing a blood sample **is not** credited with a separate Encounter.
2. To meet the criterion for “documentation”, the service (and associated patient information) must be recorded in written form. The patient record does not have to be a full and complete health record in order to meet this criterion. For example, if an individual receives services on an emergency basis and these services are documented, the documentation criterion is met even though a complete health record is not created. Mass screenings at health fairs or mass immunization drives for children or elderly do not result in Encounters.
3. When a provider renders services to several patients simultaneously, the provider can be credited with a Encounter for each person only if the provision of services is noted in **each** person's health record. Examples of "group Encounters" include: family therapy or counseling sessions and group mental health counseling during which several people receive services and the services are noted in each person's health record. In such situations, **each** patient is normally billed for the service. Medical Encounters must be provided on an individual basis. Patient education or health education classes (e.g., smoking cessation) are not credited as Encounters.
4. An Encounter may take place in the health center or at any other location in which project-supported activities are carried out. Examples of other locations include mobile vans, hospitals, patients' homes, schools, homeless shelters, and extended care facilities. Encounters also include contacts with patients who are hospitalized, where health center medical staff member(s) follow the patient during the hospital stay, as physician of record or where they provide consultation to the physician of record. A provider may not generate more than one inpatient Encounter per patient per day.
5. Such services as drawing blood, collecting urine specimens, performing laboratory tests, taking X-rays, and filling/dispensing prescriptions, **in and of themselves**, do not constitute Encounters.
6. A patient may have more than one Encounter with the clinic per day. The number of Encounters per service delivery location per day is limited as follows:
  - One medical Encounter (physician, nurse practitioner, physicians assistant, certified nurse midwife, or nurse);
  - One dental Encounter (dentist or hygienist);
  - One “other health” Encounter for each type of “other health” provider (nutritionist, podiatrist, speech therapist, acupuncturist, optometrist, etc.).
  - One enabling service (case management or health education) Encounter;
  - One mental health Encounter; and
  - One substance abuse Encounter
7. A provider may be credited with no more than one Encounter with a given patient during that patient's Encounter to the clinic in a single day, regardless of the type or number of services provided.
8. The Encounter criteria **are not** met in the following circumstances:
  - When a provider participates in a community meeting or group session that is **not** designed to provide clinical services. Examples of such activities include information sessions for prospective users, health presentations to community groups (high school classes, PTA, etc.), and information presentations about

- available health services at the center.
- When the only health service provided is part of a large-scale effort, such as a mass immunization program, screening program, or community-wide service program (e.g., a health fair).
- When a provider is primarily conducting outreach and/or group education sessions, not providing direct services.
- When the **only** services provided are lab tests, x-rays, immunizations, Tb tests and/or prescription refills.

## Encounter by Provider Type

**Physician Encounter:** An encounter between a physician and a user.

**Nurse Practitioner/Physicians Assistant Encounter:** An encounter between a Nurse Practitioner or Physicians Assistant and a user in which the practitioner acts as an independent provider.

**Certified Nurse Midwife Encounter:** An encounter between a Certified Nurse Midwife and a user in which the practitioner acts as an independent provider.

**Nurse Encounter (Medical):** An encounter between an R.N.. or L.P.N. and a user in which the nurse acts as an independent provider of medical services exercising independent judgment, such as in a triage encounter. The service may be provided under standing orders of a physician, under specific instructions from a previous Encounter, or under the general supervision of a physician or Nurse Practitioner/Physicians Assistant/Certified Nurse Midwife (NP/PA/CNM) who has no direct contact with the patient during the Encounter. (Note that under no circumstances are services provided by Medical Assistants or other non-nursing personnel counted as nursing Encounters.)

**Dental Services Encounter:** An encounter between a dentist or dental hygienist and a user for the purpose of prevention, assessment, or treatment of a dental problem, including restoration. NOTE: A dental hygienist is credited with an encounter only when (s)he provides a service independently, not jointly with a dentist. Two encounters may **not** be generated during a patient's Encounter to the dental clinic in one day, regardless of the number of clinicians who provide services or the volume of service provided.

**Mental Health Encounter:** An encounter between a licensed mental health provider (psychiatrist, psychologist, licensed clinical social workers [LCSW], and licensed marriage and family therapists) and a user, during which mental health services (i.e., services of a psychological, psychosocial, or crisis intervention nature) are provided.

**Substance Abuse Encounter:** An encounter between a substance abuse provider (e.g., credentialed substance abuse counselor, rehabilitation therapist, psychologist) and a user during which alcohol or drug abuse services (i.e., assessment and diagnosis, treatment, aftercare) are provided.

**Other Professional Encounter:** An encounter between a provider, other than those listed above and a user during which health services are provided.

**Case Management Encounter:** An encounter between a case management provider and a user during which services are provided that assist patients in the management of their health and social needs, including patient needs assessments, the establishment of service plans, and the maintenance of referral, tracking, and follow-up systems.

**Education Encounter:** An encounter between an education provider and a user in which the services rendered are of an educational nature relating to health matters and appropriate use of health services (e.g., family planning, HIV, nutrition, parenting, and specific diseases). Classes are not counted as encounters.

**User:** Users are individuals who have at least one Encounter during the reporting year. Each user is to be counted only once. Users never include individuals who only have encounters such as outreach, community education services, and other types of community-based services not documented on an individual basis. Also, persons who only receive services from large-scale efforts such as mass immunization programs, screening programs, and health fairs are not users. Persons whose *only* contact with the clinic are to receive WIC counseling and vouchers are not users.

## Logging In

- The development and testing website for Kansas Association for the Medically Underserved is located at [www.futurekansas.com/kamu](http://www.futurekansas.com/kamu). It will be moved to a permanent site once finalized. But until notice is given that the website address has changed, continue to use this site.
- Log-in using your user name and password. If you do not have a user name and password, please contact KAMU. One of the first things you should do after logging on is change your password. See “How to Edit My Profile”.

## Security Tips

In order to keep information confidential, please follow these guidelines:

- Never share your username and password with others.
- Create a password that is not easily guessed and preferably not a word that can be found in a dictionary. Use a combination of letters, numbers, and symbols.
- When you are finished using the website, close the web browser (i.e., Internet Explorer). Pressing the Logout button does not guarantee confidentiality because the Back button can still be used in the browser.

## Getting to Know the Website



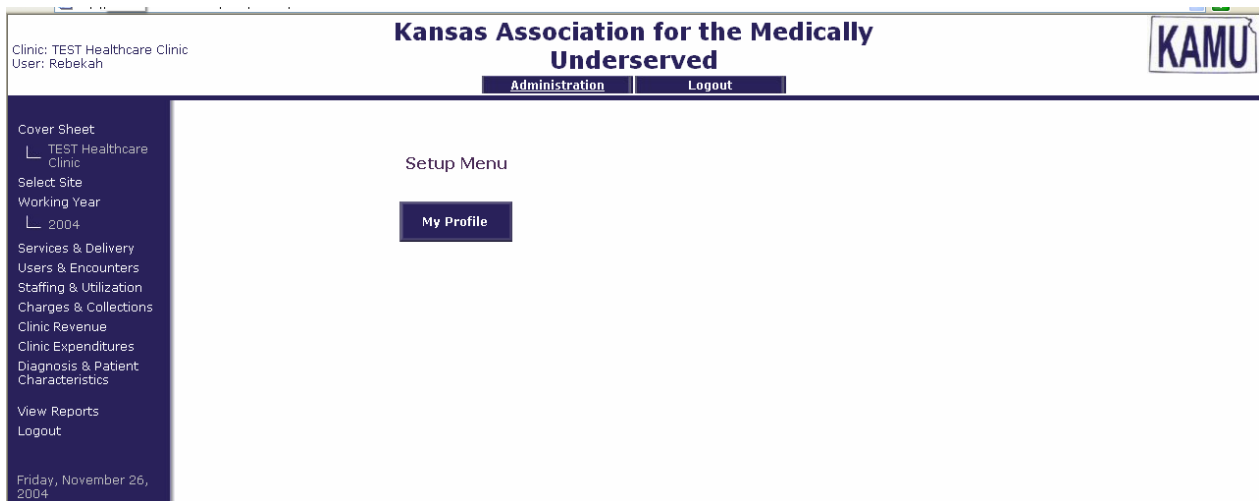
- Cover Sheet: View clinic profile.
- Select Site: Select a clinic site. Two forms, “Users & Encounters” and “Diagnosis & Patient Characteristics” report information on a site level and require you to select a site. If you have only one site, select “Main Site”.
- Working Year: Choose the current reporting year or start a new year for entering data.
- Services & Delivery: Enter primary medical care services, obstetrical and gynecological care, specialty medical care, dental care services, mental health/substance abuse services, other professional services, enabling services, preventative services related to target clinical areas, other services, and special populations.
- Users & Encounters: Enter number of users and encounters by age, poverty level, and payor type. Because information is reported on the site level, this form requires you to select a clinic site.
- Staffing & Utilization: Enter information related to the clinic’s staffing and utilization. Upon saving the form, state benchmarks are automatically calculated in the gray boxes. (*This area is still under development, however, and benchmarks will not be calculated at this time.*)

- **Charges & Collections:** Enter clinic charges and collections by category. This form is only active for years prior to 2002.
- **Clinic Revenue:** Enter clinic revenue by category. Upon saving, totals are automatically calculated in the gray boxes.
- **Clinic Expenditures:** Enter clinic expenditures by category. Upon saving, totals are automatically calculated in the gray boxes.
- **Diagnosis & Patient Characteristics:** Enter top five patient care diagnoses and number of patients by race, ethnicity, and other characteristics. For patient diagnosis, use one of the choices in the drop-down box if at all possible. Because information is reported on the site level, this form requires you to select a clinic site.
- **View Reports:** View standard reports.
- **Logout:** Logout and return to sign-in screen.

## My Profile

### How to Edit My Profile

1. First, select the Administration link located at the top of the screen.
2. Next, select the My Profile button from the Setup Menu.
3. On the following screen you may fill in your basic demographic, contact information, clinic affiliation, specialties, username, and password. We recommend changing your password from the one originally assigned.
4. Fill in the form and click Save.



## Clinic Profile

### How to Edit the Clinic Profile

1. Select the Cover Sheet link located at the top of the main menu on the left side of the screen.
2. Fill in or edit any information pertaining to the clinic.
3. Click Save before exiting form.

## Clinic Site

### Working with Clinic Sites

TEST Healthcare Clinic  
Clinic Site Management

Home Site

All clinics will have a main site set up for their use. Edit the main site with the correct information. If you have multiple clinic sites, enter information for each clinic site.

#### Adding a Clinic Site

To create a new clinic site:

1. Select the Cover Sheet link located on the Main Menu.
2. In Part F: Clinic Sites, enter information related to the site.
3. Click on Save before exiting form.
4. Some forms will require you to select a site before entering information.

**Kansas Association for the Medically Underserved**

Clinic: TEST Healthcare Clinic  
User: Rebekah

**Administration** **Logout**

Characteristics  
View Reports  
Logout  
Friday, September 03, 2004

County: Riley  
Phone: (785) 776-7363  
Fax: (785) 770-1202  
Facility Email: TEST@testing.com

**Part D: Clinic Characteristics**  
Check ALL that Apply  
☒ State Funded  
☒ Health Dept  
☒ FQHC  
If you check the box below you are indicating that your clinic does not fit into ANY of the categories above.  
☒ Other non-profit clinic

**Part E: Notes**  
Enter any notes that might be appropriate to this clinic.  
We are located in Riley, KS.  
Updated: 7/29/2004 8:09:58 AM  
Updated by: Satzler, Connie

**Part F: Clinic Sites**

Name	Street	City
1. Home Site	3333 Third St	Manhattan
Hours open: 3:00 p.m. to 12:00 a.m.		
Notes:		
2.		
Hours open:		
Notes:		
3.		
Hours open:		
Notes:		

Save Save & Stay Remove

#### Selecting a Clinic Site

For the Users & Encounters and Diagnosis & Patient Characteristics forms, you must first select a clinic site before entering information. To select a site, click "Select Site" from the Main Menu, then choose the correct site.

If you try to enter information on the Users & Encounters or Diagnosis & Patient Characteristics forms without first selecting a site, you will be automatically taken to the Select Site page. Then, you must select the form again to activate it.

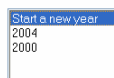


## Working Year

### How to Select a Working Year

1. First, select the Working Year link from the Main Menu.

Period Management for:  
TEST Medical Center



Start a new year  
2004  
2000

2. If you see the year you need, select that year and enter data. Otherwise, click on the text "Start a new year".

3. Now click on the desired year.

4. You can now enter data for this year.

5. If you want to go to another year, go back to the Working Year link.

The working year will control form versions for clinic data pages. Working years prior to 2002 are the old version and will not be discussed in detail in this user manual, though they will be active for entering and editing data on the website. Screen shots and brief instructions for years prior to 2002 are given towards the end of this manual. More detailed instructions follow for years 2002 and later.

### Years 2002 and Later

## Services & Delivery

### Entering Services and Delivery Information

1. Make sure the correct working year is selected on Main Menu.

2. Click "Services & Delivery" on the Main Menu.

3. Carefully consider each category and type of care. For each service, choose the delivery method or methods that describe your clinic's practice. If the service is not offered through the clinic, *leave the row blank*. If the service is offered more than one way, you can *check more than one* delivery method. See the table on the following pages for detailed service definitions.

- a. Provided by Clinic: Includes services rendered by salaried employees, contracted providers, National Health Service Corps Staff, volunteers and others such as out-stationed eligibility workers who render services in the clinic's name.
- b. By Referral - Clinic Pays or Donated Service: Includes services provided by another organization under a **formal** arrangement, only when the clinic pays for provision of the service, though the clinic may also bill the patient or a third party payor for the service. The arrangement may involve discounted payment (i.e., payment less than cost). These services are generally provided off site.
- c. By Referral – Clinic Doesn't Pay/non-donated service: Includes services that are provided by another organization or individual under a **formal** referral arrangement where the clinic DOES NOT pay for or bill for the service.

Note: A **formal** referral arrangement means either a written agreement or the ability to document the service in the patient record.

Detailed service definitions are given in the below table.

Service Category	Definitions
<b>Primary Medical Care Services</b>	
General Primary Medical Care	Provision of basic preventive and curative medical services.

<b>Service Category</b>	<b>Definitions</b>
Diagnostic Laboratory (Technical Component)	Technical component of laboratory procedures. Does not include services of a physician to order or to analyze/interpret results from these procedures.
Diagnostic X-Ray Procedures (Technical Component)	Technical component of diagnostic X-ray procedures. Does not include services of a physician to order or to analyze/interpret results from these procedures.
Diagnostic Tests/Screenings (Professional Component)	Professional services to order and analyze/interpret results from diagnostic tests and screenings. Includes services of a physician to order or to analyze/interpret results from these procedures.
Emergency Medical Services	Provision of emergency services on a regular basis to meet life, limb or function-threatening conditions.
Urgent Medical Care	Provision of medical care of an urgent or immediate nature on a routine or regular basis.
24-Hour Coverage	The availability of services on a 24-hour basis.
Family Planning Services (Contraceptive Management)	Provision of contraceptive/birth control or infertility treatment. Counseling and education by providers are included here; when provided by other staff, include under enabling services.
HIV Testing and counseling	Testing and counseling for HIV. Counseling and education by providers included here; when provided by other staff, include under enabling services.
Testing for Blood Lead Levels	Testing to ensure that levels of lead in blood are below critical levels. Tests are generally conducted for at risk children.
Immunizations	Provision of the following preventive vaccines: Diphtheria, Pertussis, Tetanus, Measles, Mumps, Rubella, Poliovirus, Influenza virus, Hepatitis B, Hemophilus influenza B.
Following Hospitalized Patients	Encounters to clinic patients during hospitalizations.
<b>Obstetrical and Gynecological Care</b>	
Gynecological Care	Gynecological services provided by a nurse, nurse practitioner, nurse midwife or physician, including annual pelvic exams and pap smears, follow-up of abnormal findings, and diagnosis and treatment of sexually transmitted diseases/infections. This category does not include family planning services.
Obstetrical Care (multiple services listed on form)	Provision of listed services (i.e., prenatal care, antepartum fetal assessment, ultrasound, genetic counseling and testing, amniocentesis, labor and delivery professional care, postpartum care) related to pregnancy, delivery and postpartum care.
<b>Specialty Medical Care</b>	
TB testing	Testing for TB.
Directly observed TB therapy	Delivery of therapeutic TB medication under direct observation of center staff.

Service Category	Definitions
Respite Care	Recuperative or convalescent services used by homeless people with medical problems who are too ill to recover on the streets or in a shelter. It includes the provision of shelter and medical care with linkages to other health care services such as mental health, oral health, substance abuse treatment and social services.
Other Specialty Care	Services provided by medical professionals trained in any of the following specialty areas: Allergy; Dermatology; Gastroenterology; General Surgery; Neurology; Optometry/Ophthalmology; Otolaryngology; Pediatric Specialties; Anesthesiology.
<b>Dental Care</b>	
Dental Care (multiple services listed on form)	Provision by a dentist or dental hygienist of the listed services: preventive, restorative, emergency, and restorative.
<b>Mental Health/Substance Abuse Services</b>	
Mental Health Treatment/ Counseling  Developmental Screening  24-Hour Crisis Intervention/ Counseling  Other Mental Health Services	Mental health therapy, counseling, screening or other treatment provided by a mental health professional.
Substance Abuse Treatment/ Counseling  Other Substance Abuse Services	Counseling and other medical and/or psychosocial treatment services provided to individuals with substance abuse (i.e., alcohol and/or other drug) problems. May include screening and diagnosis, detoxification, individual and group counseling, self-help support groups, alcohol and drug education, rehabilitation, remedial education and vocational training services, and aftercare.
<b>Other Professional Services</b>	
Hearing Screening	Diagnostic services to identify potential hearing problems.
Nutrition Services Other Than WIC	Advice and consultation appropriate to individual nutrition needs.
Pharmacy – Licensed Pharmacy staffed by Registered Pharmacist	Clinic has licensed pharmacy staffed by registered pharmacist(s) dispensing of prescription drugs and other pharmaceutical products.
Pharmacy – Provider Dispensing	Operation of a dispensary at a clinic service delivery location where the clinicians are responsible for doing the actual dispensing of the drugs.
Manufacturers Indigent Drug Programs	Clinic coordinates patient participation in manufacturers' indigent drug programs.
Vision Screening	Diagnostic services to identify potential vision problems.

Service Category	Definitions
Podiatry	Services provided by a medical professional licensed to diagnose and treat conditions affecting the human foot, ankle, and their governing and related structures, including the local manifestations of systemic conditions.
Optometry	Services provided by a medical professional licensed or certified to diagnose, treat and manage diseases and disorders of the visual system, the eye and associated structures as well as diagnosis of related systemic conditions.
<b>Enabling Services</b>	
Case Management	Client-centered service that links clients with health care and psychosocial services to insure timely, coordinated access to medically appropriate levels of health and support services and continuity of care. Key activities include: 1) assessment of the client's needs and personal support systems; 2) development of a comprehensive, individualized service plan; 3) coordination of services required to implement the plan; client monitoring to assess the efficacy of the plan; and 4) periodic re-evaluation and adaptation of the plan as necessary.
Child Care (during encounter to clinic)	Assistance in caring for a user's young children during medical and other health care encounters.
Discharge Planning	Services related to arranging an individual's discharge from the hospital (e.g., home health care).
Eligibility Assistance	Assistance in securing access to available health, social service and other assistance programs, including Medicaid, WIC, SSI, food stamps, TANF, and related assistance programs. Does not include eligibility assistance provided by clinic or government staff under arrangements for Out-stationed Eligibility Workers.
Environmental Health Risk Reduction (via detection and/or alleviation)	Includes the detection and alleviation of unhealthful conditions associated with water supplies, sewage treatment, solid waste disposal, rodent and parasitic infestation, field sanitation, housing, and other environmental factors related to health (e.g., lead paint abatement and pesticide management).
Health Education	Personal assistance provided to promote knowledge regarding health and healthy behaviors, including knowledge concerning sexually transmitted diseases, family planning, prevention of fetal alcohol syndrome, smoking cessation, reduction in misuse of alcohol and drugs, improvement in physical fitness, control of stress, nutrition, and other topics. Included are services provided to the client's family and/or friends by non-licensed mental health staff which may include psychosocial, caregiver support, bereavement counseling, drop-in counseling, and other support group activities.
Interpretation/Translation Services	Services to assist individuals with language/communication barriers in obtaining and understanding needed services.
Nursing Home And Assisted-Living Placement	Assistance in locating and obtaining nursing home and assisted-living placements.
Outreach	Case finding, education or other services to identify potential clients and/or facilitate access/referral of clients to available services.
Transportation	Transportation, including tokens and vouchers, provided by the clinic for users.

<b>Service Category</b>	<b>Definitions</b>
Out-Stationed Eligibility Workers	Provision of assistance to individuals to enable them to qualify for Medicaid, under provisions of Federal law requiring Out-Stationed Eligibility Workers.
Home Visiting	Provision of services in the client's home. Not inclusive of services such as medical, home nursing, case management etc. which have their own categories.
Parenting Education	Individual or group sessions designed to enhance the child-rearing skills of parents/caregivers.
Special Education Program	Educational programs designed for children with a disability.
Other	This line provides the opportunity to identify an enabling service you are providing that is otherwise not listed. Please specify the service provided.
<b>Preventive Services Related to Target Clinical Areas</b>	
<i>Cancer</i>	
Pap Smear	Microscopic examination of cells collected from the cervix to detect cancer, changes in cervix, or non-cancerous conditions such as infection or inflammation.
Fecal occult blood test	Test to check for small amounts of hidden blood in stool.
Sigmoidoscopy	An examination of the rectum and lower part of the colon through a tube which contains a light source and a camera lens.
Colonoscopy	An examination of the rectum and entire colon using a colonoscope. Procedure can be used to remove polyps or other abnormal tissue.
Mammograms	An x-ray of the breast.
Smoking cessation program	A clinical and public-health intervention program for smoking cessation which may involve identification of smokers, diagnosis of nicotine dependence, and self-help products and counseling.
<i>Diabetes</i>	
Glycosylated hemoglobin measurement for people with diabetes	A test that assesses the average blood glucose level during several months.
Urinary microalbumin measurement for people with diabetes	A laboratory procedure to detect very small quantities of protein in the urine indicating kidney damage.
Foot exam for people with diabetes	A foot examination using monofilaments to test for sensation from pressure that identifies those patients who have lost protective sensation in their feet.
Dilated eye exam for people with diabetes	An examination in which the pupils are dilated in order to check for diabetic eye disease.
<i>Cardiovascular Disease</i>	
Blood pressure monitoring	Tracking blood pressure through regular measurement of blood pressure.
Weight reduction program	A program in which patients are taught to eat healthy foods, engage in exercise, and monitor caloric intake in order to lose weight and improve their health.
Blood cholesterol screening	A blood test that will detect the levels of cholesterol and triglycerides in the body in order to discover if there are abnormal or unhealthy levels of cholesterol in the blood.

## Service Category

## Definitions

<i>Depression</i>	
Depression screening	Depression screening and/or treatment.
<b>Other Services</b>	
WIC Services	Nutrition and health counseling services provided through the Special Supplemental Food Program for Women, Infants and Children
Head Start services	Comprehensive developmental services for low-income, preschool children less than 5 years of age
Food Banks / Delivered Meals	Provision of food or meals, not the finances to purchase food or meals.
Employment/ Educational Counseling	Counseling services to assist an individual in defining career/employment/educational interests, and in identifying employment opportunities and/or education options
Assistance in Obtaining Housing	Assistance in locating and obtaining suitable shelter, either temporary or permanent. May include locating costs, moving costs, and/or rent subsidies.

Clinic: TEST Healthcare Clinic  
User: Rebekah

Cover Sheet  
TEST Healthcare Clinic  
Select Site  
Working Year  
2004  
Services & Delivery  
Users & Encounters  
Staffing & Utilization  
Charges & Collections  
Clinic Revenue  
Clinic Expenditures  
Diagnosis & Patient Characteristics  
View Reports  
Logout  
Friday, November 26, 2004

### Edit Services & Delivery

TEST Healthcare Clinic  
Year: 2004

Save Save & Stay Cancel

Service Type	By Referral/ Clinic Pays or Provided donated by Clinic service	By Referral/ Clinic Doesn't Pay/nondonated service
<b>Part A: PRIMARY MEDICAL CARE SERVICES</b>		
General Primary Medical Care (other than listed below)	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Laboratory (technical component)	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic X-Ray Procedures (technical component)	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Tests/Screenings (professional component)	<input type="checkbox"/>	<input type="checkbox"/>
Emergency medical services	<input type="checkbox"/>	<input type="checkbox"/>
Urgent medical care	<input type="checkbox"/>	<input type="checkbox"/>
24-hour coverage	<input type="checkbox"/>	<input type="checkbox"/>
Family Planning	<input type="checkbox"/>	<input type="checkbox"/>
HIV testing and counseling	<input type="checkbox"/>	<input type="checkbox"/>
Testing for Blood Lead Levels	<input type="checkbox"/>	<input type="checkbox"/>
Immunizations	<input type="checkbox"/>	<input type="checkbox"/>
Following hospitalized patients	<input type="checkbox"/>	<input type="checkbox"/>
<b>Part B: OBSTETRICAL AND GYNECOLOGICAL CARE</b>		
Gynecological Care	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal care	<input type="checkbox"/>	<input type="checkbox"/>
Antepartum fetal assessment	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>
Genetic counseling and testing	<input type="checkbox"/>	<input type="checkbox"/>
Amniocentesis	<input type="checkbox"/>	<input type="checkbox"/>
Labor and delivery professional care	<input type="checkbox"/>	<input type="checkbox"/>
Postpartum care	<input type="checkbox"/>	<input type="checkbox"/>

Service Type	By Referral/ Clinic Pays or Provided donated by Clinic service	By Referral/ Clinic Doesn't Pay/nondonated service
<b>Part H: ENABLING SERVICES</b>		
Case management	<input type="checkbox"/>	<input type="checkbox"/>
Child Care (during visit to center)	<input type="checkbox"/>	<input type="checkbox"/>
Discharge planning	<input type="checkbox"/>	<input type="checkbox"/>
Eligibility Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Health Risk Reduction (via detection and/or alleviation)	<input type="checkbox"/>	<input type="checkbox"/>
Health Education	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation/Translation services	<input type="checkbox"/>	<input type="checkbox"/>
Nursing home and assisted-living placement	<input type="checkbox"/>	<input type="checkbox"/>
Outreach	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Out Stationed Eligibility Workers	<input type="checkbox"/>	<input type="checkbox"/>
Home Visiting	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Education	<input type="checkbox"/>	<input type="checkbox"/>
Special Education Program	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
If Other, specify		
<b>Part I: PREVENTIVE SERVICES RELATED TO TARGET CLINICAL AREAS</b>		
Cancer Pap smear	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Breast Exam	<input type="checkbox"/>	<input type="checkbox"/>
Fecal occult blood test	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy	<input type="checkbox"/>	<input type="checkbox"/>

## Users & Encounters

### Entering Users and Encounters

1. Make sure the correct working year is selected on Main Menu.
2. If no site has been selected, choose a site by clicking on "Select Site" on the Main Menu, then clicking on the correct site. You need to do this even if your clinic has only one site.
3. Click "Users & Encounters" on the Main Menu.
4. **Users** are defined as individuals with at least one face-to-face encounter during the course of the reporting year. Each user is to be counted only once. Users never include individuals who only have encounters such as outreach, community education services, and other types of community-based services not documented on an individual basis. Also, persons who only receive services from large-scale efforts such as mass immunization programs, screening programs, and health fairs are not users. Persons whose *only* contact with the clinic are to receive WIC counseling and vouchers are not users.
5. **Encounters** are defined to include a documented, face-to-face contact between a user and a provider who exercises independent judgment in the provision of services to the individual. See the "General Definitions" section (page 1) for a more detailed definition.
6. Enter the number of users by age group and gender.
7. Enter the number of encounters by age group and gender.
8. Enter the number of users by income. Clinics should collect income data on all users at least once per year. If income information is updated more than once during the year, use the most current information. Income is defined in ranges relative to the federal poverty guidelines (e.g., < 100% of the federal poverty level). In determining a user's income relative to the poverty level, clinics should use official poverty level guidelines defined and revised annually. The official Poverty Guidelines are published in the Federal Register in February/March of each year. The 2004 Federal Poverty Guidelines are listed below. Persons with unknown income *must* be listed in the "Unknown" box.

2004 HHS Poverty Guidelines			
Size of Family Unit	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$ 9,310	\$11,630	\$10,700
2	12,490	15,610	14,360
3	15,670	19,590	18,020
4	18,850	23,570	21,680
5	22,030	27,550	25,340
6	25,210	31,530	29,000
7	28,390	35,510	32,660
8	31,570	39,490	36,320
For each additional person, add	3,180	3,980	3,660
Source: <i>Federal Register</i> , Vol. 69, No. 30, February 13, 2004, pp. 7336-7338.			

2005 guidelines are available on the website at:

<http://www.kdhe.state.ks.us/olrh/download/CHPIncomeGuidelines.pdf>

9. Enter the number of encounters by income using the above income definition. If possible, the encounter should be counted in the income category
10. ✓ User Data Check: The sum of Users by Age Group and Gender should equal the sum of Users by Income.
11. ✓ Encounter Data Check: The sum of Encounters by Age Group and Gender should equal the sum of Encounters by Income.

12. Enter the number of users by payor type. Payor type is defined as users by principal source of insurance for primary medical care services. Principal insurance is defined as the insurance plan/program that the clinic would bill first for services rendered. Standard definitions of payment sources are given below.

**Medicare** – Federal insurance program for the aged, blind and disabled (Title XVIII of the Social Security Act). Note: Users who have both Medicare and Medicaid would be reported as Medicare users because Medicare is billed before Medicaid. The exception to the Medicare first rule is the Medicare-eligible person who is still working and insured by both an employer-based plan and Medicare. In this case the principal health insurance is the employer-based plan, which is billed first.

**Medicaid** – Kansas Medicaid program. Do not include MediKan. Individuals who are enrolled in Medicaid but who receive services through a private managed care plan that contracts with the Medicaid should be reported as Medicaid, not privately insured.

**CHIP** – The Child Health Insurance Program (also known as S-CHIP) provides primary health care coverage to children. Formerly, HealthWave referred to CHIP clients. Now, HealthWave refers to both Medicaid and CHIP. Please limit users and encounters entered in this field to clients served through the Child Health Insurance Program. If there is no way to distinguish between CHIP and Medicaid, classify as Medicaid.

**Other public** – Federal, state, and/or local government programs providing a broad set of benefits for eligible individuals. Do **not** include uninsured individuals whose encounter may be covered by a public source with limited benefits such as the Early Prevention, Screening, Detection and Treatment (EPSDT) program (KAN Be Healthy) or the Breast and Cervical Cancer Control Program (BCCCP) (Early Detection Works, formerly Free to Know), etc.

**Private Insurance** – Health insurance provided by commercial or non-profit companies. Individuals may obtain insurance through employers or on their own.

**Self pay** – Individuals who have no insurance/uninsured.

13. Enter the number of encounters by payor type using the above payor definitions. If the user has had more than one payor during the course of the reporting year, use the payor corresponding to each encounter. (always the FIRST payor)
14. ✓ User Data Check: The sum of Users by Payor Type should equal the sum of Users by Age Group and Gender and the sum of Users by Income.
15. ✓ Encounter Data Check: The sum of Encounters by Payor Type should equal the sum of Encounters by Age Group and Gender and the sum of Encounters by Income.
16. Enter the number of users by category. Users may be counted in more than one category. Also see the definition of “users” (page 1).

**Medical** users are individuals with at least one face-to-face encounter with a physician, nurse practitioner/physician assistant, certified nurse midwife, or nurse for medical services.

**Dental** users are individuals with at least one face-to-face encounter with a dentist or dental hygienist for dental services.

**Mental Health** users are individuals with at least one face-to-face encounter with a licensed mental health provider or substance abuse provider for mental health services.

17. Enter the number of encounters by category. Each encounter should be counted in no more than one category. Other types of encounters, such as case management and educational encounters, will not be counted in these categories, but will be included in the Encounters by Age & Gender, Encounters by Income, and Encounters by Payor Type sections, as long as they meet the definition of an encounter. See the definition of “encounter” on page 1 for more information.

**Medical** encounters are face-to-face contacts with physicians, nurse practitioner/physician assistants, certified nurse midwives, or nurses for medical services. Case management and educational encounters would **not** be included.

**Dental** encounters are face-to-face contacts with dentists or dental hygienists for dental services.



**Mental Health** encounters are face-to-face contacts with licensed mental health providers for mental health services.

## Kansas Association for the Medically Underserved

Administration    Logout

Clinic: TEST Healthcare Clinic  
User: Rebekah

Cover Sheet

TEST Healthcare Clinic

Select Different Site

Home Site

Working Year

2004

Services & Delivery

Users & Encounters

Staffing & Utilization

Charges & Collections

Clinic Revenue

Clinic Expenditures

Diagnosis & Patient Characteristics

View Reports

Logout

Friday, November 26, 2004

### Edit Users & Encounters

TEST Healthcare Clinic  
Site: Home Site  
Year: 2004

Save    Save & Stay    Cancel

Users by Age Group and Gender				Encounters by Age Group and Gender			
<1 M users:	<input type="text"/>	<1 F users:	<input type="text"/>	<1 M encounters:	<input type="text"/>	<1 F encounters:	<input type="text"/>
1-4 M users:	<input type="text"/>	1-4 F users:	<input type="text"/>	1-4 M encounters:	<input type="text"/>	1-4 F encounters:	<input type="text"/>
5-12 M users:	<input type="text"/>	5-12 F users:	<input type="text"/>	5-12 M encounters:	<input type="text"/>	5-12 F encounters:	<input type="text"/>
13-14 M users:	<input type="text"/>	13-14 F users:	<input type="text"/>	13-14 M encounters:	<input type="text"/>	13-14 F encounters:	<input type="text"/>
15-19 M users:	<input type="text"/>	15-19 F users:	<input type="text"/>	15-19 M encounters:	<input type="text"/>	15-19 F encounters:	<input type="text"/>
20-24 M users:	<input type="text"/>	20-24 F users:	<input type="text"/>	20-24 M encounters:	<input type="text"/>	20-24 F encounters:	<input type="text"/>
25-44 M users:	<input type="text"/>	25-44 F users:	<input type="text"/>	25-44 M encounters:	<input type="text"/>	25-44 F encounters:	<input type="text"/>
45-64 M users:	<input type="text"/>	45-64 F users:	<input type="text"/>	45-64 M encounters:	<input type="text"/>	45-64 F encounters:	<input type="text"/>
>65 M users:	<input type="text"/>	>65 F users:	<input type="text"/>	>65 M encounters:	<input type="text"/>	>65 F encounters:	<input type="text"/>

Users by Income		Encounters by Income	
<100 FPL users:	<input type="text"/>	<100 FPL encounters:	<input type="text"/>
101-150 FPL users:	<input type="text" value="0"/>	101-150 FPL encounters:	<input type="text" value="0"/>
151-200 FPL users:	<input type="text"/>	151-200 FPL encounters:	<input type="text"/>
>200 FPL users:	<input type="text"/>	>200 FPL encounters:	<input type="text"/>
Unknown:	<input type="text" value="0"/>	Unknown:	<input type="text" value="0"/>

MEDICAL

Users by Payor Type		Encounters by Payor Type	
Medicare users:	<input type="text"/>	Medicare encounters:	<input type="text"/>
Medicaid users:	<input type="text"/>	Medicaid encounters:	<input type="text"/>
HealthWave users:	<input type="text"/>	HealthWave encounters:	<input type="text"/>
Other public users:	<input type="text"/>	Other public encounters:	<input type="text"/>
Private insurance users:	<input type="text"/>	Private insurance encounters:	<input type="text"/>
self pay users:	<input type="text"/>	self pay encounters:	<input type="text"/>

Total Users by Category		Encounters	
Medical:	<input type="text" value="0"/>	Medical:	<input type="text" value="0"/>
Dental:	<input type="text" value="0"/>	Dental:	<input type="text" value="0"/>

## Staffing & Utilization

### Entering Staffing & Utilization

1. Make sure the correct working year is selected on Main Menu.
2. Click "Staffing & Utilization" on the Main Menu.
3. All paid staff should be reported in terms of **full-time equivalents (FTEs)**. Enter total number of FTEs for each type of paid staff. A person who works 20 hours per week (i.e., 50% time) is reported as "0.5 FTE." This example is based on a 40-hour work week. Positions with less than a 40-hour base, especially clinicians, should be calculated on whatever they have as a base for that position. One position cannot be *more* than 1.0 FTE. Similarly, an employee who works four months out of the year would be reported as "0.33 FTE".

All staff time should be allocated by function among the major service categories listed. For example, a full-time nurse who works solely in provision of direct medical services would be counted as 1.0 FTE under "Nurses." If that nurse provided case management services for 10 hours per week, and provided medical care services for the other 30 hours per week, time would be allocated 0.25 FTE to "Case Managers" and 0.75 FTE to "Nurses".

Time for clinicians should be allocated to the appropriate clinical personnel category **except** when such personnel perform corporate administrative duties not directly connected with provision of clinical services. The time spent by clinicians for charting, reviewing lab test results, writing prescriptions, returning phone calls, arranging for referrals, etc. is **not** considered administrative and should be reported as "medical care services."

An individual who is hired as a full-time clinician must be counted as 1.0 FTE regardless of the number of "direct patient care" or "face-to-face hours" they provide. Providers who have released time to compensate for an-call hours or who receive leave for continuing education or other reasons are still considered full-time if this is how they were hired. The time spent by providers doing administrative work such as charting, reviewing labs, filling prescriptions, returning phone calls, arranging for referrals, etc. is not to be adjusted.

4. Staff members are distributed into categories that reflect the types of services they provide. Major service categories include medical care services, dental services, mental health services, substance abuse services, other professional health services, pharmacy services, enabling services, other program related services staff, and administrative and supportive:

*Enabling*

- a. **Case Managers:** Staff who provide services to aid patients in the management of their health and social needs, including assessment of patient medical and/or social services needs, and maintenance of referral, tracking and follow-up systems. Case managers may provide eligibility assistance, if performed in the context of other case management functions. Staff may include social workers and other professional staff.
- b. **Health Educators:** Health educators, family planning, HIV specialists, and others who provide information about health conditions and guidance about appropriate use of health services that are not otherwise classified under outreach.
- c. **Outreach Workers:** Individuals conducting case finding, education or other services to identify potential clients and/or facilitate access/referral of clients to available services.
- d. **Transportation Staff:** Individuals providing assistance with transportation for services.
- e. **Other Enabling Services:** All other staff performing enabling services, such as child care, eligibility assistance, referral for housing assistance, interpretation and translation.

*Medical*

- f. **Family Practitioners:** Family Practice and General Practice MDs and DOs
- g. **Internists:** Internal Medicine MDs and DOs
- h. **Pediatricians:** Pediatric MDs and DOs
- i. **Psychiatrist, Other Specialty Physicians:** Psychiatrists and other specialty MDs and DOs
- j. **Nurse Practitioners/Physician Assistants**
- k. **Certified Nurse Midwives**
- l. **Nurses:** Registered nurses, licensed practical and vocational nurses, home health and visiting nurses, clinical nurse specialists, and public health nurses
- m. **Other Medical:** Medical assistants, nurses aides, and all other personnel providing services in conjunction with services provided by a physician, nurse practitioner, physician assistant, certified nurse midwife, or nurse

- n. **Laboratory Personnel:** Pathologists, medical technologists, laboratory technicians and assistants, phlebotomists
- o. **X-Ray Personnel:** Radiologists, X-ray technologists, and X-ray technicians

*Dental*

- p. **Dentists:** General practitioners, oral surgeons, periodontists, and pedodontists
- q. **Dental Hygienists**
- r. **Dental Assistants, Aides, Technicians**

*Other*

- s. **Mental Health Services:** Licensed mental health clinicians, including psychiatric nurses, psychiatric social workers, clinical psychologists, clinical social workers, and family therapists. Also other individuals providing counseling, treatment or support services related to mental health professionals.
- t. **Substance Abuse Services:** Psychiatric nurses, psychiatric social workers, mental health nurses, clinical psychologists, clinical social workers, and family therapists and other individuals providing counseling and/or treatment services related to substance abuse.
- u. **Other Professional Services:** Occupational and physical therapists, podiatrists, optometrists and other staff professionals providing health services.
- v. **Pharmacy Personnel:** Pharmacists, pharmacist assistants and others supporting pharmaceutical services including individuals assisting in applying for free drugs from pharmaceutical companies.

*Administrative*

- w. **Administrative Staff:** Executive director, medical director, physicians or nurses with corporate (not clinical) administrative responsibilities, secretaries, fiscal and billing personnel, all other support staff and staff with administrative responsibilities.
- x. **Facility Staff:** Staff with facility support and maintenance responsibilities, including custodians, housekeeping staff, and other maintenance staff.
- y. **Patient Support Staff:** Intake staff and medical/patient records.

5. Enter the number of clinic encounters related to each paid staff category. Recall that an **encounter** is a documented, face-to-face contact between a user and a provider who exercises independent professional judgment in the provision of services to the individual. Clinics should report encounters rendered by identified staff during the reporting period. **No** encounters are reported for personnel who are not “providers who exercise independent judgment” within the meaning of the definition above. Clinic encounter cells related to providers who do not meet this definition are blocked out.

Encounters that are purchased from non-staff providers on a fee-for-service basis are also counted in this column, even though there will be no corresponding FTE counted within the FTE column. To be counted, the service must meet the following criteria:

- 1) The service was provided to a patient of the clinic by a provider that is not part of the client's staff (neither salaried nor contracted on the basis of time worked),
- 2) The service was paid for by the clinic, and
- 3) The service otherwise meets the above definition of an encounter.

This category **does not** include encounters with volunteers or encounters generated with referrals of any kind. **Volunteer services** and **referrals** are recorded in the next two sections.

6. Enter the number of clinic volunteers by staff category, based on staff definitions given in #4.
7. Enter the number of clinic encounters related to each volunteer staff category, based on the definition of encounters given in #5 and on page 1.
8. Enter the number of providers accepting referrals by staff category, based on staff definitions given in #4.

9. Enter the number of referral encounters related to each staff category, based on the definition of encounters given in #5 and on page 1. This does not include unpaid referrals or referrals for services that would not otherwise be counted as encounters.

Kansas Association for the Medically Underserved - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Clinic: TEST Medical Center  
User: Connie

## Kansas Association for the Medically Underserved

View Reports Administration Logout

Cover Sheet

TEST Medical Center

Select Site

Working Year

2004

Services & Delivery

Users & Encounters

Staffing & Utilization

Charges & Collections

Clinic Revenue

Clinic Expenditures

Diagnosis & Patient Characteristics

View Reports

Admin Area

Logout

Wednesday, December 08, 2004

### Staffing & Utilization

TEST Medical Center  
Year: 2004

All clinics fill out this side. Include all revenue to support Clinic Services from the various sources.

	Paid Staff		Number of Volunteers				Number of Referrals			
	FTE	Encounters	Number of Volunteers	Number of Hours	a. Clinic Encounters	b. Estimated Value per Encounter (State)	Total Value of Service (a * b)	Number of Providers Accepting of Referrals	b. Estimated Value per Encounter (State)	Total Value of Service (a * b)
<b>Enabling</b>										
Case Managers:	0	0	0	0	0	0	0	0	0	0
Health Educators:	2.5	4	87	34	842	0	0	38	3	0
Outreach Workers:	8.01		837	83						
Transportation Staff:	378		38	748						
Other Enabling Services:	374		837	83						
<b>Medical</b>										
Family Practitioners:	383	383	394	28	9824	0	0	338	43	0
Internists:	384	2384	833	384	33	0	0	0	83	0
OB/GYNs:	834	83	3	39	3	0	0	39	24	0
Pediatricians:	39	37	37	49	0	0	0	9	94	0
Psychiatrist Other Speciality Physicians:	0	0	0	0	0	0	0	0	0	0
Nurse Practitioners/Physician Assistants:	0	0	0	0	0	0	0	0	0	0
Certified Nurse Midwives:	0	0	0	0	0	0	0	0	0	0
Nurses:	0	0	0	0	0	0	0	0	0	0
Other Medical:	0		0	0						
Laboratory Personnel:	0		0	0						
X-Ray Personnel:	0		0	0						
<b>Dental</b>										
Dentists:	0	0	0	0	0	0	0	0	0	0
Dental Hygienists:	0	0	0	0	0	0	0	0	0	0
Dental Assistants, Aides, Technicians:	0		0	0		0	0	0	0	0
<b>Other</b>										
Mental Health Services:	0	0	0	0						
Substance Abuse Services:	0	0	0	0						
Other Professional Services:	0	0	0	0						
Pharmacy Personnel:	0		0	0						
<b>Administrative</b>										
Administrative Staff:	1		4	7						
Facility Staff:	2		5	8						
Patient Support:	3		6	9						

## Clinic Revenue

### Entering Clinic Revenue

1. Make sure the correct working year is selected on Main Menu.
2. Click "Clinic Revenue" on the Main Menu.
3. The following table explains the revenue categories, or rows of the table.

#### Revenue Category      Description

<b>Patient Revenue:</b> <i>This category has multiple columns. Column definitions are given below.</i>	
Medicaid	Clinics should report as " <b>Medicaid</b> " all services paid for by Medicaid (Title XIX) regardless of whether they are paid directly or through a fiscal intermediary or an HMO. Note that EPSDT (the childhood Early Prevention, Screening, Diagnosis and Treatment program or KAN Be Healthy) is a part of Title XIX and is included in the numbers reported here. S-CHIP, or HealthWave, numbers should also be included here.
Medicare	Clinics should report as " <b>Medicare</b> " all services paid for by Medicare (Title XVIII) regardless of whether they are paid directly or through a fiscal intermediary or an HMO.
Other Public	<p>Clinics should report as "<b>Other Public</b>" all services paid for by State or local governments through specific programs <i>other than indigent care programs</i>. Other Public also includes family planning programs, BCCCP (Breast and Cervical Cancer Control Programs, or Early Detection Works) and other dedicated state or local programs as well as state insurance plans.</p> <p><b>NOTE.</b> Reporting on state or local indigent care programs that subsidize services rendered to the uninsured is as follows:</p> <ul style="list-style-type: none"> <li>• Report <u>all charges</u> for these services and collections <u>from patients</u> as "self-pay";</li> <li>• Report <u>all amounts not collected from the patients as sliding discounts</u> or <u>bad debt write-off, as appropriate</u>; and</li> <li>• Report <u>collections</u> from the associated state and local indigent care programs the appropriate line under the State and Local Grant/Donation/Contract Revenue section.</li> </ul>
Private Insurance	Clinics should report as " <b>Private</b> " all services paid for by commercial or private insurance companies. Specifically, <i>do not</i> include any services that fall into one of the other categories. As noted above, charges etc. for Medicaid, Medicare and S-CHIP programs which use commercial programs as intermediaries are classified elsewhere.
Self Pay	Clinics should report as " <b>Self Pay</b> " all services and charges where the responsible party is the patient, including charges for indigent care programs as discussed above. <b>NOTE: This includes the reclassified co-payments, deductibles, and charges for uncovered services for otherwise insured individuals which become the patient's personal responsibility.</b>
<b>State and Local Grant/Donation/Contract Revenue</b>	
State Primary Care Grant	Report the amount received from the State Primary Care Grant.

Revenue Category	Description
Other State Grants or Contracts	Enter the amount of funds received under other State government grants or contracts. "Contracts and Grants" are defined as amounts received on a line item or other basis which are not tied to the delivery of services. When a state or local grant or contract pays a grantee based on the amount of health care services provided or on a negotiated fee for service or fee per visit, the charges, collections and allowances are reported as "Other Public" in the Patient Revenue section.
United Way	Report the amount received from the granting agency during the reporting period that covers costs included within the scope of the project(s). Funds that are transferred from another clinic or another community service provider are considered "private grants and contracts" are included on this line.
United Health Ministries Fund	
Sunflower Foundation	
Other Faith-Based or Private Grants	
Private Donations	Report the amount received through private donations during the reporting period.
Local/County Government	Report the amount received from local governments during the reporting period that covers costs included in the scope of the clinic's project(s). Local indigent care program revenues may be included here.
Federal Revenue	
BPHC Grants	
Migrant Health Center	Report the amount received from each Bureau of Primary Health Care (BPHC) grants. Be sure that all BPHC Section 330 grant funds drawn down during the year are included. Note: The amounts reported for BPHC Grants should reflect <b>direct funding only</b> and should not include pass-through or be reduced by money that benefited other organizations.
Community Health Center	
Health Care for the Homeless	
Other Federal Grants	
Ryan White Title III HIV Early Intervention	Enter the amount of the Ryan White Title III funds drawn down in the reporting period.
Other Revenue	
Other: Specify	Enter the amount and source of any other Federal grant revenue during the reporting period which falls within the scope of the project(s). These grants include only those received directly by the center from the Federal Government. Also include any other revenue received, such as interest income or rent from tenants.

- Enter **Full Charges This Period** in the first column. This should always reflect the full charge (per the fee schedule) for services rendered to patients in that payor category. Charges should only be recorded for services that are billed **AND** covered in whole or in part by a payor, the patient, or written off to sliding fee discounts. For **clinics that do not bill**, the **value of services** should be recorded in this column.

Example: Optometry services and pharmacy charges should not be included in Medicare charges, since Medicare provides no coverage for these services. If a patient has both Medicare and Medicaid coverage, charges for optometry and pharmacy services would be included in "Medicaid charges." If a patient has only Medicare coverage, charges for optometry and pharmacy services would be entered under "self-pay".

Charges that are generally not billable or covered by traditional third-party payors should not be included on this table. For example, a charge for parking or for job training would not normally be included. WIC services are not billable charges. Charges for transportation and similar enabling services would not generally be included in this column, except where the payor (e.g., Medicaid) accepts billing and **pays** for these services.

Charges for pharmaceuticals donated to the clinic or directly to a patient through the clinic should not be included since the clinic may not legally charge for these drugs. Charges for standard dispensed pharmaceuticals, however, are to be included.

Charges which are not accepted by a payor and which need to be reclassified (including deductibles and co-insurance) should be reversed as negative charges if your MIS system does not reclassify them automatically. Reclassifying these charges by utilizing an adjustment and rebilling to the proper category is an incorrect procedure since it will result in overstatement of both charges and adjustments.

**NOTE: Under no circumstances should the amount paid by Medicaid or any other payor be used as the actual charges. Charges *must* come from the clinic's CPT based fee schedule (if applicable).**

5. Enter **Amount Collected** this reporting period in the next column. Enter the amount of net receipts for the year on a cash basis, regardless of the period in which the paid services were rendered. This includes reconciliations, managed care pool distributions and other payments recorded in the Accounts Receivable column.

Note: Charges and collections for deductibles and co-payments which are charged to and due from patients are recorded under "Self Pay."

6. Enter **Sliding Fee Discounts** in the third column. In this column, enter reductions to patient charges based on the patient's ability to pay, as determined by the grantee's sliding discount schedule. This would include discounts to required co-payments, as applicable.

NOTE: Only self-pay patients may be granted a sliding discount based on their ability to pay. When a charge originally made to a third party such as Medicare or a private insurance company has a co-payment or deductible written off, THE CHARGE MUST FIRST BE RECLASSIFIED TO SELF-PAY. TO RECLASSIFY, first reduce the third-party charge by the amount due from the patient and increase the self-pay charges by this same amount.

7. Enter **Accounts Receivables** in the fourth column. Include any outstanding patient-related receivables, including all pending receivables from third party payors and individuals for the current reporting period.
8. Enter **Bad Debt** in the fifth column. Any payor responsible for a bill may default on a payment due from it. **Only self pay bad debts are recorded.** In order to keep responsible financial records, clinics should write off bad debts on a routine basis. (It is recommended that this be done no less than annually). In some systems this is accomplished by posting an allowance for bad debts rather than actually writing off specific named accounts. Amounts removed from the clinic's self-pay receivables through either mechanism are recorded here.

Reductions of the net collectable amount for the Self-Pay category should be made on the Self Pay line for this column. Bad debt write-off may occur due to the clinic's inability to locate persons, a patient's refusal to pay, or a patient's inability to pay even after the sliding fee discount is granted.

Under no circumstances are bad debts to be reclassified as sliding discounts, even if the write off to bad debt is occasioned by a patient's inability to pay the remaining amount due. For example, a patient eligible for a sliding discount is supposed to pay 50% of full charges for a visit. If the patient does not pay, even if he or she later qualifies for a 100% discount, the amount written off must still be reported as bad debt, not sliding discount. At the time of the visit, it was a valid collectable from the patient.

Only bad-debts from patients are recorded on this table. While some insurance companies do, in fact, default on legitimate debts as they go bankrupt, clinics are not asked to report these data.

9. Enter **Allowances** in the sixth column. Allowances are granted as part of an agreement with a third-party payor. Medicare and Medicaid, for example, may have a maximum amount they pay, and the clinic agrees to write off the difference between what they charge and what they receive. Allowances must be reduced by the net amount of retroactive settlements and receipts reported in the Accounts Receivable column, including current and prior year FQHC reconciliations, managed care pool distributions and other payments.

If Medicaid, Medicare, other third-party, and other public payors reimburse less than the clinic's full charge, and the clinic cannot bill the patient for the remainder, enter the remainder or reduction on the appropriate payor line in this column at the time the Explanation of Benefits (EOB) is received and the amount is written off.

Example: The State Title XIX Agency has paid \$40 for an office visit that was billed at a full charge of \$75. The \$75 should be reported on the "Full Charges This Period" column as a full charge to Medicaid. After payment was made, the \$40 payment is recorded on the "Amount Collected" column. The \$35 reduction is reported as an adjustment on the "Allowances" column.

Under FQHC or other programs, where the clinic is paid based on cost, it is possible that the cash payment will be greater than the charge. In this case, the adjustment recorded in this column would be a negative adjustment.

NOTE: Amounts for which another third party or a private individual can be billed (e.g., amounts due from patients or "Medigap" payors for copayments) are not considered adjustments and should be recorded or reclassified as full charges due from the secondary source of payment. These amounts will only be classified as adjustments when all sources of payment have been exhausted and further collection is not anticipated and/or possible.

Because capitated plans typically pay on a per-member per-month basis only, and make this payment in the current month of enrollment, these plans typically don't carry any receivables. For Capitated Plans, the allowance column should be the arithmetic difference between the charge recorded in the "Full Charges This Period" column and the collection in the "Amount Collected" column unless there were early or late capitation payments (received in a month other than when they were earned) and which span the beginning or end of the calendar year.



Also note that the Self-Pay Allowances column is blanked out because up-front allowances given to self-pay patients are recorded as sliding fee discounts and valid self-pay receivables that are not paid should be recorded as self pay bad debt.

Kansas Association for the Medically Underserved - Microsoft Internet Explorer

File Edit View Favorites Tools Help Links

**Kansas Association for the Medically Underserved**

Clinic: TEST Medical Center  
User: Connie

**View Reports Administration Logout**

**Clinic Revenue**  
TEST  
Year: 2004

Save Save & Stay Remove Cancel

**All clinics fill out this side. Include all revenue to support Clinic Services from the various sources.**

	Full Charges This Period	Amount Collected	Sliding Fee Discounts	Accounts Receivables	Bad Debt	Allowances
<b>Patient Revenue</b>						
Medicaid:	0	0		0		0
Medicare:	0	0	0	0		0
Other Public:	0	0	0	0		0
Private Insurance:	0	0		0		0
Self Pay:	0	0	0	0	0	
<b>Total Patient Revenues:</b>	0	0	0	0	0	0
<b>State and Local Grant/Donation/Contract Revenue</b>						
State Primary Care Grant:		0				
Other State grants or Contracts:		0				
United Way:		0				
United Health Ministries Fund:		0				
Sunflower Foundation:		0				
Other Faith Based or Private Grants:		0				
Private Donations:		0				
Local/County Government:		0				
<b>Total State and Local:</b>		0				
<b>Federal Revenue</b>						
<i>BPHC Grants</i>						
Migrant Health Center:		0				
Community Health Center:		0				
Health Care for the Homeless:		0				
<b>Total BPHC Grants:</b>		0				
<i>Other Federal Grants</i>						
Ryan White Title III HIV Early Intervention:		0				
Other:		0				
Specify:		0				
<b>Total Federal Grants:</b>		0				

Enter any notes that might be appropriate to this data.

## Clinic Expenditures

### Entering Clinic Expenditures

1. Make sure the correct working year is selected on Main Menu.
2. Click "Clinic Expenditures" on the Main Menu.
3. Enter clinic expenditures. Costs are explained in the below table.

Expenditure Category	Description
<b>Financial Costs for Medical Care</b>	This category includes costs for medical care staff personnel; services provided under agreement; X-ray and laboratory; and other direct costs wholly attributable to medical care (e.g., equipment depreciation, supplies, or professional dues and subscriptions). It does not include costs associated with pharmacy, dental care, substance abuse specialists, or clinical psychologist and clinical social worker services.
Medical Staff	Include all staff costs, including salaries and fringe benefits for personnel supported directly or under contract, for medical care staff <u>except lab and x-ray staff</u> . The costs of medical records and billing and collections are considered administrative and should be included on the "Administration" line. Include the cost for vouchered or contracted medical services on this line.
Lab and X-ray	Include all costs for lab and x-ray, including salaries and fringe benefits for personnel supported directly or under contract, for lab and x-ray staff; and all other direct costs including, but not limited to, supplies, equipment depreciation, related travel, contracted or vouchered lab and x-ray services, etc. The costs of medical records, billing and collections are considered administrative and should be included on the "Administration" line.
Medical/ Other Direct	Include all other direct costs for medical care including, but not limited to, supplies, equipment depreciation, related travel, etc.
<b>Financial Costs for Other Clinical Services</b>	This category includes staff and related costs for dental, mental health, substance abuse services, pharmacy, and other services rendered by professional personnel (e.g., optometrists, occupational and physical therapists, and podiatrists).
Dental	Report all costs for the provision of dental services including but not limited to staff, fringe benefits, supplies, equipment depreciation, related travel, contracted dental lab services and dental x-ray. Corporate administrative and facility costs should be included on the "Administrative" line.
Mental Health	Report all direct costs for the provision of mental health services, <i>other than substance abuse services</i> , including but not limited to staff, fringe benefits, supplies, equipment depreciation, and related travel. Corporate administrative and facility costs should be included on the "Administrative" line.
Substance Abuse	Report all direct costs for the provision of substance abuse services including but not limited to staff, fringe benefits, supplies, equipment depreciation, and related travel. Corporate administrative and facility costs should be included on the "Administrative" line.

<b>Expenditure Category</b>	<b>Description</b>
Pharmacy	Report all direct costs for the provision of pharmacy services including but not limited to staff, fringe benefits, non-pharmaceutical supplies, equipment depreciation, related travel, contracted purchasing services, etc. Corporate administrative and facility costs should be included on the "Administrative" line.
Other Professional	Report all direct costs for the provision of other professional and ancillary health care services including but not limited to: optometry, podiatry, chiropractic, occupational and physical therapy, etc. Included in direct costs are staff, fringe benefits, supplies, equipment depreciation, related travel, and contracted services. Corporate administrative and facility costs should be included on the "Administrative" line.
<b>Financial Costs of Enabling and Other Program Related Services</b>	<p>This category includes enabling staff and related costs for case management, outreach, transportation, translation and interpretation, education, environmental risk reduction and other services that support and assist in the delivery of primary medical services and facilitate patient access to care. For definitions of specific enabling services, see "Service Definitions" in the Service &amp; Delivery section of this document.</p> <p>It also includes the staff of other program related services such as WIC, day care, job training, delinquency prevention and other activities not included in other BPHC categories.</p>
Enabling	Enabling services include a wide range of services which support and assist primary medical care and facilitate patient access to care. A non-exclusive list of some of these services is included under "Service Definitions" in the Service & Delivery section of this document. Report all direct costs for the provision of enabling services including but not limited to costs such as staff, fringe benefits, supplies, equipment depreciation, related travel, and contracted services. Corporate administrative and facility costs should be included on the "Administrative" line.
Other Related Services	Report all direct costs for the provision of services not included in any other category here. This includes services such as WIC, childcare centers, and training programs. Report all direct costs for staff, fringe benefits, supplies, equipment depreciation, related travel and contracted services. (Staff for these programs are now reported on the "Other Professional Services" line of the Staffing & Utilization table.) Corporate administrative and facility costs should be included on the "Administrative" line.
<b>Overhead and Totals</b>	This includes all traditional overhead costs that are later allocated to other cost centers.
Facility	Facility costs include rent or depreciation, interest payments, utilities, security, grounds keeping, maintenance, janitorial services, and all other related costs.

Expenditure Category	Description
Administration	<p>Administrative costs include the cost of all corporate administrative staff, billing and collections staff, medical records and intake staff, and the costs associated with them including, but not limited to, supplies, equipment depreciation, travel, etc. In addition, include other corporate costs (e.g., purchase of insurance, audits, Board of Directors' costs, etc.) The cost of all patient support services (e.g., medical records and intake) should be included in Administrative Costs. Most notably, the "cost" of bad debts is <b><u>NOT to be included in administrative costs or shown on this table in any way. Instead, the income should be reduced by the amount of patient bad debt on the "Self Pay" line of the "Clinic Revenue" form.</u></b></p> <p><b><u>NOTE:</u></b> Some grant programs have limitations on the proportion of <b>funds</b> that may be used by clinics for administration. <b>Limits on administrative costs for those programs is not to be considered in completing the "Facility" and "Administration" lines.</b> The Administration and Facility categories for this report includes <b>all</b> administrative costs and personnel, whether or not that cost was identified as administrative in any specific grant application.</p>
Value of Donated Facilities, Services, and Supplies  Manufacturers Indigent Drug Programs  Sample Medication  Laboratory  Radiology  Other	<p>Include here the total imputed value of all in-kind and donated services, facilities and supplies applicable to the reporting period that are within your scope of project, using the methodology discussed below. In-kind services and donations include all services (generally volunteers, but sometimes paid staff donated to the grantee by another organization), supplies, equipment, space, etc that are necessary and prudent to the operation of your program that you do not pay for directly and which you included in your budget as donated. Report the estimated reasonable acquisition cost of donated personnel, supplies, services, space rental, and depreciation for the use of donated facilities and equipment. The value of these services should not be included in the lines above. Report the total value of each type of donated facilities, services, and supplies on the appropriate line in this section. Items not fitting into one of the lines listed should be combined in "Other."</p> <p>The estimated reasonable acquisition cost should be calculated according to the cost that would be required to obtain similar services, supplies, equipment or facilities within the immediate area at the time of the donation. Donated pharmaceuticals, for example, would be shown at the price that would be paid under the federal drug pricing program, not the manufacturer's suggested retail price. Donated value should only be recognized when the intent of the donating parties is explicit and when the services, supplies, etc., are both prudent and necessary to the grantee's operation.</p> <p>The full market value of National Health Service Corps (NHSC) Federal assignee(s) should also be included in this category. NHSC-furnished equipment, including dental operatories, should be capitalized at the amount shown on the NHSC Equipment Inventory Document, and the appropriate depreciation expense should be shown in this category for the reporting period.</p>

Kansas Association for the Medically Underserved - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Clinic: TEST Medical Center  
User: Connie

# Kansas Association for the Medically Underserved

KAMU

View Reports Administration Logout

Cover Sheet  
TEST Medical Center  
Select Site  
Working Year  
2004  
Services & Delivery  
Users & Encounters  
Staffing & Utilization  
Charges & Collections  
Clinic Revenue  
Clinic Expenditures  
Diagnosis & Patient Characteristics  
View Reports  
Admin Area  
Logout  
Wednesday, December 08, 2004

## Clinic Expenditures

TEST Medical Center  
Year: 2004

Save Save & Stay Remove Cancel

**All clinics fill out this side for primary care services expenditures.**

FINANCIAL COSTS FOR MEDICAL CARE

Medical Staff: \$ 789

Lab and X-ray: \$ 3748

Medical/Other Direct: \$ 4829

TOTAL MEDICAL CARE SERVICES \$ 9366

FINANCIAL COSTS FOR OTHER CLINICAL SERVICES

Dental: \$ 30498

Mental Health: \$ 46298

Substance Abuse: \$ 43749

Pharmacy: \$ 568

Other Professional: \$ 5980

TOTAL OTHER CLINICAL SERVICES \$ 127093

FINANCIAL COSTS OF ENABLING AND OTHER PROGRAM RELATED SERVICES

Enabling: \$ 384

Other Related Services: \$ 4789

TOTAL ENABLING AND OTHER PROGRAM SERVICES \$ 5173

OVERHEAD AND TOTALS

Facility: \$ 5740

Administration: \$ 4578

TOTAL OVERHEAD \$ 10318

TOTAL ACCRUED COSTS \$ 151950

VALUE OF DONATED FACILITIES, SERVICES AND SUPPLIES

Manufacturers Indigent Drug Programs: \$ 100

Sample Medication: \$ 200

Laboratory: \$ 300

Radiology: \$ 400

Other: (Please specify) facility \$ 500

TOTAL DONATED \$ 1500

TOTAL WITH DONATIONS \$ 153450

## Diagnosis and Patient Characteristics

### Entering Diagnosis and Patient Characteristics

1. Make sure the correct working year is selected on Main Menu.
2. Click "Diagnosis and Patient Characteristics" on the Main Menu.
3. If no site has been selected, choose a site by clicking on "Select Site" on the Main Menu, then clicking on the correct site. You need to do this even if your clinic has only one site.
4. Enter the top five diagnosis categories for the current reporting year for your clinic. Try to match diagnoses to the choices in the drop-down list if at all possible. If nothing in the drop-down list matches, or is close, you may type in the diagnosis in the "Other" box.
5. Enter the number of users in each racial/ethnic category. Count each user in exactly one category.
6. The number of Asians, Native Hawaiians, and Other Pacific Islanders should be reported separately, if possible. If it is not possible to report separately, you may enter the total number of Asian/Pacific islanders on the "Asian/Pacific Islander" line. If you enter separately, do not report anything on this line.
7. Unknowns should be included on the "Unreported/Refused to report" line.
8. ✓ User Data Check: Total users should equal total users on the "Users & Visits" form.
9. Report number of "Users best served in a language other than English or with sign language. Include those users who were served by a bilingual provider and those who may have brought their own interpreter. Data may be estimated if the clinic does not maintain actual data in its MIS. Wherever possible, the estimate should be based on a sample.
10. Report the number of Migrant Farmworkers, to include migrant and seasonal agricultural workers. A **migrant agricultural worker** is an individual whose principal employment is in agriculture on a seasonal basis (as opposed to year-round employment) and who establishes a temporary home for the purposes of such employment. Migrant agricultural workers are usually hired laborers who are paid piecework, hourly or daily wages. The definition includes those individuals who have been so employed within the past 24 months and their dependent family members who have also used the client. The dependent family members may or may not move with the worker or establish a temporary home. Note that agricultural workers who *leave* a community to work elsewhere are equally eligible to be classified as migrant as are those who *migrate to* a community to work there.  
  
A **seasonal agricultural worker** is an individual whose principal employment is in agriculture on a seasonal basis (as opposed to year-round employment) and who do not establish a temporary home for purposes of employment. Seasonal agricultural workers are usually hired laborers who are paid piecework, hourly, or daily wages. The definition includes those individuals who have been so employed within the past 24 months and their dependent family members who have also used the clinic.  
  
For both categories of workers, agriculture is defined as farming of the land in all its branches, including cultivation, tillage, growing, harvesting, preparation, and on-site processing for market or storage. Aquaculture, lumbering, poultry processing, cattle ranching, etc. are **not** included.
11. Report the number of users known to be homeless at some time during the reporting period. **Homeless individuals** are defined as individuals who lack housing (without regard to whether the individual is a member of a family), including individuals whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations, and individuals who reside in transitional housing.


Kansas Association for the Medically Underserved - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Clinic: TEST Medical Center  
User: Connie

## Kansas Association for the Medically Underserved

View Reports Administration Logout



Cover Sheet

TEST Medical Center

Select Different Site

Test Site

Working Year

2004

Services & Delivery

Users & Encounters

Staffing & Utilization

Charges & Collections

Clinic Revenue

Clinic Expenditures

Diagnosis & Patient Characteristics

View Reports

Admin Area

Logout

Thursday, December 02, 2004

### Diagnosis & Patient Characteristics

TEST Medical Center  
Site: Test Site  
Year: 2004

Save Save & Stay Remove Cancel

**Each field below contains a drop down list of both acute and chronic diseases. Starting with the top one, list in order your top 5 primary care diagnosis. If the list does not contain your diagnosis, you can write it in, but if possible please stay within the available choices.**

Diagnosis 1:

Other:

Diagnosis 2:

Other:

Diagnosis 3:

Other:

Diagnosis 4:

Other:

Diagnosis 5:

Other:

**Using your best data, please determine how many patients fit into these different classifications.**

1a. Asian:

1b. Native Hawaiian:

1c. Other Pacific Islander:

or if you do not have Asian/Pacific Islander race data available by Asian, Native Hawaiian, and Other Pacific Islander racial groups, you may enter the total Asian/Pacific Islander population in the below field.

Asian/Pacific Islander:

ASIAN/PACIFIC ISLANDER:

Black/African American (not Hispanic or Latino):

American Indian/Alaska Natives:

White (not Hispanic or Latino):

Hispanic or Latino (all races):

Unreported / Refused to report:

TOTAL USERS:

Users best served in a language other than English:

Number of Migrant Farmworkers if known:

Number of Homeless if known:

#### Diagnosis

Enter any notes that might be appropriate to this data.

Updated: 8/9/2004 10:46:15 AM  
Updated by: Satzler, Connie  
Review Status:   
Reviewer notes:

#### Classifications

Enter any notes that might be appropriate to this data.

Updated: 8/9/2004 10:46:15 AM  
Updated by: Satzler, Connie  
Review Status:   
Reviewer notes:

## Years Prior to 2002

### Services & Delivery

### Entering Services and Delivery Information

1. Make sure the correct working year is selected on Main Menu.
2. Click “Services & Delivery” on the Main Menu.
3. View, add, or edit fields as desired.

Cover Sheet

TEST Healthcare Clinic

Select Site

Working Year

2000

Services & Delivery

Users & Encounters

Staffing & Utilization

Charges & Collections

Clinic Revenue

Clinic Expenditures

Diagnosis & Patient Characteristics

View Reports

Logout

Friday, November 26, 2004

Kansas Association for the Medically Underserved

Administration

Logout

TEST Healthcare Clinic

User: Rebekah

Administration

Logout

Save

Save & Stay

Cancel

Part A: Primary Care Services

Diagnosis/Treatment: None Selected

X-Ray: A. On-site

Laboratory: A and B

Prenatal Care: A and B

Dental: B and C

Vision Care: B. Refer-Site Pays

WIC: Refer to Health Department

Immunizations: On-site

HIV/AIDS Counseling/Testing: On-site

HIV/AIDS Treatment: B. Refer-Site Pays

Part B: Social Services

Medicaid/Healthwave Eligibility: C. Refer to other outside agency

Short term Crisis: B. Refer-Site Pays

Homeless Services: B. Refer-Site Pays

Part C: Other

Translation: Both On-site and for Referrals

Transportation: Provided for Clinic Appt. only

Part D: Pharmaceutical Services (check all that apply)

☐ Clinic provides NO Prescription Assistance

☒ Clinic purchases medication to distribute on-site

☒ Clinic provides samples

☒ Clinic assists patients with Manufacturers Indigent Programs (MIP)

☒ Clinic pays for all or part of the prescription at a private pharmacy

Part E: Status

Enter any notes that might be appropriate to this data.

Updated: 1/5/2004 3:25:26 PM

Updated by: Brown, Rebekah

Review Status: Not Known

Reviewer notes:

Reviewed by: Satzler, Connie

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## Users & Encounters

### Entering Users and Encounters

1. Make sure the correct working year is selected on Main Menu.
2. If no site has been selected, choose a site by clicking on "Select Site" on the Main Menu, then clicking on the correct site. You need to do this even if your clinic has only one site.
3. Click "Users & Encounters" on the Main Menu.
4. View, add, or edit fields as desired.

Clinic: TEST Healthcare Clinic  
User: Rebekah

### Kansas Association for the Medically Underserved

Administration
Logout

Cover Sheet

TEST Healthcare Clinic

Select Different Site

Home Site

Working Year

2000

Services & Delivery

Users & Encounters

Staffing & Utilization

Charges & Collections

Clinic Revenue

Clinic Expenditures

Diagnosis & Patient Characteristics

View Reports

Logout

Friday, November 26, 2004

**Edit Users & Encounters**

TEST Healthcare Clinic

Year: 2000

Save Save & Stay Cancel

**Users by Age Group and Gender**

<1 M users:	8	<1 F users:	8
1-4 M users:	3	1-4 F users:	26
5-12 M users:	5	5-12 F users:	0
13-14 M users:	5	13-14 F users:	4
15-19 M users:	5	15-19 F users:	15
20-24 M users:	0	20-24 F users:	6
25-44 M users:	9	25-44 F users:	8
45-64 M users:	18	45-64 F users:	5
>65 M users:	38	>65 F users:	29

**Encounters by Age Group and Gender**

<1 M encounters:	14	<1 F encounters:	9
1-4 M encounters:	7	1-4 F encounters:	12
5-12 M encounters:	4	5-12 F encounters:	9
13-14 M encounters:	0	13-14 F encounters:	0
15-19 M encounters:	5	15-19 F encounters:	9
20-24 M encounters:	27	20-24 F encounters:	6
25-44 M encounters:	7	25-44 F encounters:	718
45-64 M encounters:	69	45-64 F encounters:	47
>65 M encounters:	50	>65 F encounters:	79

**Users by Income**

<100 FPL users:	0
101-200 FPL users:	0
>200 FPL users:	0
Unreported Income:	0

**Encounters by Income**

<100 FPL encounters:	0
101-200 FPL encounters:	0
>200 FPL encounters:	0
Unreported Income:	0

**Users by Payor Type**

Medicare users:	0
Medicaid users:	0
HealthWave users:	0
Other public users:	0
Private insurance users:	0
self pay users:	0

**Encounters by Payor Type**

Medicare encounters:	0
Medicaid encounters:	0
HealthWave encounters:	0
Other public encounters:	0
Private insurance encounters:	0
self pay encounters:	0

**Users by Payor Type**

Dental Medicaid users:	0
Dental HealthWave users:	0
Dental Other public users:	0
Dental Private insurance users:	0

**Encounters by Payor Type**

Dental Medicaid encounters:	0
Dental HealthWave encounters:	0
Dental Other public encounters:	0
Dental Private insurance encounters:	0

## Staffing & Utilization

### Entering Staffing & Utilization

1. Make sure the correct working year is selected on Main Menu.
2. Click "Staffing & Utilization" on the Main Menu.
3. View, add, or edit fields as desired.

Clinic: TEST Healthcare Clinic  
User: Rebekah

## Kansas Association for the Medically Underserved

Administration
Logout

---

Cover Sheet

TEST Healthcare Clinic

Select Different Site

Home Site

Working Year

2000

Services & Delivery

Users & Encounters

Staffing & Utilization

Charges & Collections

Clinic Revenue

Clinic Expenditures

Diagnosis & Patient Characteristics

View Reports

Logout

Friday, November 26, 2004

### Staffing & Utilization

TEST Healthcare Clinic  
Year: 2000

Save Save & Stay Cancel

In the first column of each square we are looking for FULL TIME EQUIVALENT on this form - FTE. If a paid or volunteer staff person only works 10 hours per week they are .25 FTE. If you have 5 Nurses Practitioners who each work .25 FTE, you would put 1.25 in the ARNP FTE field. In the second column, please record the number of encounters for each provider type.

Paid Staff		Encounters for Provider Type	
Phys FTE:	2	Phys Encounters:	8
Dentist FTE:	2	Dentist Encounters:	5
ARNP or PA FTE:	4	ARNP or PA Encounters:	4
Nurses FTE:	5	Nurse Encounters:	7
Hygienists FTE:	5	Hygienists Encounters:	9
Other professional:	4	Other Professional Encounters:	6
Administrative/Clerical FTE:	3		

Volunteer		Encounters for Provider Type	
Vol Phys FTE:	34	Vol Phys Encounters:	76
Vol Dentists FTE:	65	Vol Dentist Encounters:	0
Vol ARNP or PA FTE:	6	Vol ARNP or PA Encounters:	45
Vol Nurses FTE:	3	Vol Nurse Encounters:	654
Vol Hygienists FTE:	5	Vol Hygienist Encounters:	5
Vol Other Professional FTE:	6	Vol Other Professional Encounters:	46565

Enter any notes that might be appropriate to this data.

Updated: 1/5/2004 3:24:22 PM

Updated by: Brown, Rebekah

Review Status: Not Known

Reviewer notes:

Reviewed by: O'Connell, Claudia

Save Save & Stay Cancel

## Charges & Collections

### Entering Charges & Collections

1. Make sure the correct working year is selected on Main Menu.
2. Click "Charges & Collections" on the Main Menu.
3. View, add, or edit fields as desired.

The Charges & Collections form is only active for years prior to 2002.

Clinic: TEST Healthcare Clinic  
User: Rebekah

**Kansas Association for the Medically Underserved**

AdministrationLogout

Cover Sheet  
TEST Healthcare Clinic  
Select Different Site  
Home Site  
Working Year  
2000  
Services & Delivery  
Users & Encounters  
Staffing & Utilization  
Charges & Collections  
Clinic Revenue  
Clinic Expenditures  
Diagnosis & Patient Characteristics  
View Reports  
Logout  
  
Friday, November 26, 2004

Charges & Collections  
TEST Healthcare Clinic  
Year: 2000

SaveSave & StayCancel

This column is for CHARGES only - whether or not you collected the fee. (What did you charge the various sources for the visit?)

Medicare FFS Charges:343

Medicare HMO Charges:149

Medicaid FFS Charges:428

Medicaid HMO Charges:38

HealthWave Charges:347

Other Public Charges:347

3rd Party Charges:239

3rd Party HMO Charge:39

Self Pay Charge:289

This column is for COLLECTIONS only - how much did you actually receive in payment for visits from the various sources.

Medicare FFS Collected:22

Medicare HMO Collected:127

Medicaid FFS Collected:346

Medicaid HMO Collected:12

HealthWave Charges:321

Other Public Charges:234

3rd Party Collected:351

3rd Party HMO Collected:39

Self Pay Collected:384

Enter any notes that might be appropriate to this data.

Updated:1/5/2004 3:23:52 PM  
Updated by:Brown, Rebekah  
Review Status:Not Known  
Reviewer notes:  
Reviewed by:Satzler, Connie

SaveSave & StayCancel

KAMU Clinic Reporting Website User Manual

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## Clinic Revenue

### Entering Clinic Revenue

1. Make sure the correct working year is selected on Main Menu.
2. Click "Clinic Revenue" on the Main Menu.
3. View, add, or edit fields as desired.

**Kansas Association for the Medically Underserved** **KAMU**

Clinic: TEST Medical Center  
User: Connie

**View Reports Administration Logout**

**Clinic Revenue**  
TEST Medical Center  
Year: 2000

Save Save & Stay Remove Cancel

**All clinics fill out this side. Include all revenue to support Clinic Services from the various sources.**

**Actual Revenue**  
**Please report all sources of revenue for each category.**

Local Government PC:	\$ 6874
State Community Based Primary Care:	\$ 69
Other State Government PC:	\$ 765
Federal Government PC:	\$ 54876
Private Foundation PC:	\$ 34564
Private Contribution PC:	\$ 780

**In-Kind Revenue**  
**Please try as much as possible to accurately reflect the value of donated services in each of these categories.**

Pharmacy Samples InKind PC:	\$ 568
Pharmacy MIP Inkind PC:	\$ 456
Radiology InKind PC:	\$ 4675
Laboratory InKind PC:	\$ 698
Hospital InKind PC:	\$ 4567
Physician InKind PC:	\$ 346
Dentist InKind PC:	\$ 58
Other InKind PC:	\$ 346543

Enter any notes that might be appropriate to this data.

Wednesday, December 08, 2004

View Reports  
Admin Area  
Logout

Cover Sheet  
TEST Medical Center  
Select Site  
Working Year  
2000  
Services & Delivery  
Users & Encounters  
Staffing & Utilization  
Charges & Collections  
Clinic Revenue  
Clinic Expenditures  
Diagnosis & Patient Characteristics

## Clinic Expenditures

### Entering Clinic Expenditures

1. Make sure the correct working year is selected on Main Menu.
2. Click "Clinic Expenditures" on the Main Menu.
3. View, add, or edit fields as desired.

Clinic: TEST Healthcare Clinic  
User: Rebekah

## Kansas Association for the Medically Underserved

Administration
Logout

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Cover Sheet

☐ TEST Healthcare Clinic

Select Different Site

☐ Home Site

Working Year

☐ 2000

Services & Delivery

Users & Encounters

Staffing & Utilization

Charges & Collections

Clinic Revenue

Clinic Expenditures

Diagnosis & Patient Characteristics

View Reports

Logout

Friday, November 26, 2004

**Clinic Expenditures**

TEST Healthcare Clinic

Year: 2000

Save Save & Stay Cancel

All clinics fill out this side for primary care services expenditures.

Expenditures	
Salaries PC:	\$ 10000
Capital Improvement PC:	\$ 1843
Supplies PC:	\$ 0
Equipment PC:	\$ 0
Pharmacy PC:	\$ 0
Lab PC:	\$ 0
Radiology PC:	\$ 0
Specialist PC:	\$ 0
Other Expenses PC:	\$ 0
Direct Operating Expenses PC:	\$ 0

Enter any notes that might be appropriate to this data.

Updated: 1/5/2004 3:23:16 PM

Updated by: Brown, Rebekah

Review Status: Not Known

Reviewer notes:

Reviewed by: Not Available

Save Save & Stay Cancel

## Diagnosis and Patient Characteristics

### Entering Diagnosis and Patient Characteristics

1. Make sure the correct working year is selected on Main Menu.
2. If no site has been selected, choose a site by clicking on "Select Site" on the Main Menu, then clicking on the correct site. You need to do this even if your clinic has only one site.
3. Click "Diagnosis and Patient Characteristics" on the Main Menu.
4. View, add, or edit fields as desired.

Clinic: TEST Healthcare Clinic  
User: Rebekah

**Kansas Association for the Medically Underserved**

Administration Logout

Cover Sheet

TEST Healthcare Clinic

Select Different Site

Home Site

Working Year

2000

Services & Delivery

Users & Encounters

Staffing & Utilization

Charges & Collections

Clinic Revenue

Clinic Expenditures

Diagnosis & Patient Characteristics

View Reports

Logout

Friday, November 26, 2004

**Diagnosis & Patient Characteristics**

TEST Healthcare Clinic  
Year: 2000

Save Save & Stay Cancel

Each field below contains a drop down list of both acute and chronic diseases. Starting with the top one, list in order your top 5 primary care diagnosis. If the list does not contain your diagnosis, you can write it in, but if possible please stay within the available choices.

Diagnosis 1: Dental

Other: Enter Diagnosis

Diagnosis 2: Depression

Other: Enter Diagnosis

Diagnosis 3: Diabetes

Other: Enter Diagnosis

Diagnosis 4: Hypertension

Other: Enter Diagnosis

Diagnosis 5: Asthma

Other: Enter Diagnosis

Using your best data, please determine how many patients fit into these different classifications.

American Indian/Alaska Native: 0

Asian: 0

Black/African American (not Hispanic or Latino): 0

Hispanic or Latino: 0

Native Hawaiian: 0

Other Pacific Islander: 0

White (not Hispanic or Latino): 0

Other Race: 0

Unreported/Refused to report: 0

Homeless: 0

**Status**

**Diagnosis**

Enter any notes that might be appropriate to this data.

Updated: 11/26/2004 12:58:08 PM  
Updated by: Brown, Rebekah  
Review Status: Not Known  
Reviewer notes:  
Reviewed by: Not Available

**Classifications**

Enter any notes that might be appropriate to this data.

Updated: 11/26/2004 12:58:08 PM  
Updated by: Brown, Rebekah  
Review Status: Not Known  
Reviewer notes:  
Reviewed by: Not Available

Save Save & Stay Cancel